

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9162

State File No. ....

FILED MAR 23 1950

Registrar's No. 46

BIRTH NO. ....		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 8872		Registrar's No. 46	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>4 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>Kansas City</b>		222	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR <b>Jackson Co. Home</b>				d. STREET ADDRESS (If rural, give location) <b>1816 East 22nd St.</b>			
3. NAME OF DECEASED (Type or Print) <b>Carrie Carter</b>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <b>March 2, 1950</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>May</b>		9. AGE (In years last birthday) <b>76</b>		10. UNDER 1 YEAR Months Days		11. UNDER 1 MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Carrier Mills, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Mitchell</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Unknown</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Harley Hamilton</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Influenza</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Mental</b>				INTERVAL BETWEEN ONSET AND DEATH <b>7 d.</b>  <b>481X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>2/1</b> , 1950, to <b>3-3</b> , 1950, that I last saw the deceased alive on <b>2/2</b> , 1950, and that death occurred at <b>2 a</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>J. H. Griffin</b>				23b. ADDRESS <b>R.R. #4 Independence</b>		23c. DATE SIGNED <b>3/7/50</b>	
24a. BURIAL, CREMATION, REMAINS (Specify)		24b. DATE <b>3/7/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lincoln</b>		24d. LOCATION (City, town, or county) (State) <b>K.C. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>3/7/50</b>		REGISTRAR'S SIGNATURE <b>Dorothy C. Eames</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins Bros Funeral Home</b>		ADDRESS <b>1729 Lydia</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 21 REC'D

*D. N. Huffman*

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*C. J. Manlove*

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.